



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

COMMISSION ON HIV MEETING MINUTES August 7, 2014

Approved
1/8/2015

COMMISSION MEMBERS PRESENT	COMMISSION MEMBERS PRESENT <i>(cont.)</i>	COMMISSION MEMBERS ABSENT	DHSP STAFF
Michael Johnson, Esq., <i>Co-Chair</i>	Bradley Land	Joseph Cadden, MD	Carlos Vega-Matos, MPA
Ricky Rosales, <i>Co-Chair</i>	Ted Liso/Douglas Lantis, MBA	Alex Castillo	Any Wohl, PhD
Alvaro Ballesteros, MBA	Abad Lopez	Lynnea Garbutt	
Raquel Cataldo	Miguel Martinez, MSW, MPH	Kimler Gutierrez <i>(pending)</i>	
Kevin Donnelly	Ismael Morales	Ayanna Kiburi, MPH	COMMISSION STAFF/CONSULTANTS
Michelle Enfield	José Munoz	AJ King, MPH	
Lilia Espinoza, PhD	Mario Pérez, MPH	Mitchell Kushner, MPH, MD	Dawn McClendon
Dahlia Ferlito, MPH <i>(pending)</i>	Gregory Rios	Patsy Lawson/ Miguel Palacios	Jane Nachazel
Suzette Flynn	Juan Rivera/Rev. Alejandro Escoto, MA		Craig Vincent-Jones, MHA
Aaron Fox, MPM	Jill Rotenberg	Marc McMillin	Nicole Werner
David Giugni, LCSW	Sabel Samone-Loreca	Victoria Ortega	
Terry Goddard, MA	Terry Smith, MPA	Angélica Palmeros, MSW	
Grissel Granados, MSW/ Maria Roman	Jason Tran/Rob Lester, MPP	Shoshanna Scholar	
	Monique Tula	LaShonda Spencer, MD	
Joseph Green	Fariba Younai, DDS	Terrell Winder	
Lee Kochems, MA/James Chud, MS	Richard Zaldivar		
PUBLIC			
Carlos Aguas-Pinzon	Robert Aguayo	Tania Aguilar	Darrin Aiken
Efren Chacan	Martha Chino-Helsly	Phil Curtis	Cindy Dizon
Tom Donohoe, MBA	Miguel Fernandez	Lupina Flore	Jerry Gates, PhD
Eric Paul Leue	Shanna Livermore	Sana Majid	Oscar Marcus
Eduardo Martinez	Ayako Miyashita, JD	Yvonne Mordes	Glenford Morris
Jorge Orellana	Michael Pitkin	Vanessa Porter	Yanira Reyes-Lopez
Martha Ron	Adrianne Saenz	Kevin Stalter	Patrick Stanley
Jason Wise			

- 1. CALL TO ORDER:** Mr. Johnson opened the meeting at 9:20 am.

Commission on HIV Meeting Minutes

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A. Roll Call (Present): Ballesteros, Cataldo, Donnelly, Enfield, Espinoza, Ferlito, Flynn, Fox, Giugni, Goddard, Granados/Roman, Green, Johnson, Kochems/Chud, Land, Liso/Lantis, Lopez, Morales, Munoz, Pérez, Rios, Rivera/Escoto, Rosales, Smith, Tran/Lester, Tula, Younai, Zaldivar

2. APPROVAL OF AGENDA:

MOTION 1: Adjust, as necessary, and approve the Agenda Order (*Passed by Consensus*).

3. APPROVAL OF MEETING MINUTES:

MOTION 2: Approve minutes from the 6/12/2014 Commission on HIV meetings, as presented (*Passed by Consensus*).

4. PUBLIC COMMENT (*Non-Agendized or Follow-Up*):

- Ms. Porter announced UCLA School of Dentistry is accepting referrals for Ryan White Part A comprehensive oral health care including cleaning and fillings. Contact Dr. Younai or Ms. Porter for information. Flyers were on the resource table.
- Mr. Pitkin was at a JWCH homeless shelter, but would be homeless again the next week and has been unable to identify an alternate space. He requested a simplified list of jurisdiction grants for review. He also urged review of \$1.8 million in legal costs, but Mr. Vincent-Jones clarified legal services referenced in Motion 4A pertain to County legal costs, not services.
- Ms. Miyashita, JD, HIV Law and Policy Fellow, Williams Institute, UCLA School of Law reported the Institute is conducting a client-level research study of PLWH's legal and social needs at the cross-section of health and legal services. Few have been done in the past. The goal is 700 good surveys to ensure sufficient data. In particular, the Institute is over sampling MSM and transgender women of color to inform conclusions. The Institute is seeking approximately 1,400 surveys overall.
- The survey is a collaboration with the UCLA School of Law, Disability Rights Legal Center, Inner City Law Center, and the Los Angeles County Bar AIDS Legal Services Project with funding from Los Angeles HIV Law and Policy Project (LA HLPP). A legal check-up is available via an intake line with services provided by LA HLPP or by referral for in-depth services.
- The survey seeks to identify how best to reach those with legal needs, barriers and most needed services. HIV legal service providers in the top ten Metropolitan Statistical Areas have also been surveyed on most needed services in their areas.
- Nearly 200 client Legal Assessment of Needs in LA surveys have been completed to date. Surveys are available online at www.leanlasurvey.com and at all APLA food banks. IRB approval to embed with Bienestar support groups was expected soon and outreach to other providers was ongoing. Participants receive a \$5 gift certificate. There is a Facebook page and flyers were on the resource table. The preliminary report is planned for release on World AIDS Day, 12/1/2014.
- Mr. Leue, Los Angeles PrEP Work Group, reported they had recently reviewed the Atlanta Principles and how they might be applied to better access and serve the community. They requested the Commission agendize review and offered to assist. Ms. Granados supported the request. She felt the Principles were youth-positive and supported comprehensive PrEP.

5. COMMISSION COMMENT (*Non-Agendized or Follow-Up*):

Mr. Lopez announced a National AIDS Treatment Advocacy Project free forum on Hepatitis C management, treatment and approaches for a cure. The forum will be 8/22/2014, 10:00 am to 2:00 pm, St. Anne's Maternity Home. Call 888.266.2827 to RSVP. Sponsors are: AIDS Project Los Angeles, AltaMed, Bienestar, Los Angeles Women's Center and the Hepatitis C Task Force.

6. CONSENT CALENDER:

A. Policy/Procedure #08.2107: Consent Calendar:

MOTION 3: Approve the Consent Calendar with agenda Motions 4, 5, 6, 7, 8 and 10 removed (*Passed by Consensus*).

7. PARLIAMENTARY TRAINING: This item was postponed.

8. DIVISION OF HIV/STD PROGRAMS (DHSP) REPORT:

A. Administrative Agency: Commission members identified their conflicts-of-interest. Ryan White Part A/B contract conflicts were identified per the "Commission Members' Conflicts of Interest" list in the packet. Commission members also identified if they had prevention contract conflicts. Prevention contracts are in the process of being added to the list.

1) Final FY 2013 NCC Expenditure Recommendations:

- Mr. Pérez noted DHSP is charged with managing approximately \$105 million annually in federal, state and local resources for the County's HIV and STD strategy. There are multiple grants cycles, e.g., March-February, Ryan White (RW) Part A; and July-June, County and state. DHSP works to maximize each grant.

- DHSP advised the Commission several months ago it expected \$1 million of the state YR 23 RW Part B grant would not be maximized. Funds were at risk of return to the state and, eventually, HRSA as the state was unlikely to re-allocate it in time. Funds were due to delayed endorsement by both parties to an oral health expansion contract.
- DHSP proposed shifting state RW Part B eligible expenses from another service category to maximize the Part B grant. The Commission endorsed the concept and DHSP shifted \$1.14 million in residential costs from the 7/1/2013-6/30/2014 Net County Cost (NCC) grant, the County's General Fund contribution to HIV, to maximize the state RW Part B grant. DHSP further committed to report back on use of the newly unencumbered NCC funds,
- DHSP performs an end of year cost report for each contract to reconcile costs against the contractor's budget. Projections during the year are based on several months of spending and historical behavior while cost reports provide a strong sense of what was actually spent during the year. RW Part A YR 23 (3/1/2013-2/28/2014) cost reports revealed approximately \$554,000 more than estimated in Medical Care Coordination (MCC) spending.
- DHSP invests approximately \$9 million in MCC overall so, while not a large percentage, \$554,000 is substantial. The first DHSP recommendation is to use part of the unencumbered NCC funds for the additional MCC costs.
- DHSP also reported to the Commission six months ago it estimated \$1 million in litigation costs. These costs are distinct from legal services for PLWH facing illegal practices, e.g., housing discrimination, for which DHSP contracts with Public Counsel. In contrast, litigation costs are incurred due to suits against DHSP, the Department of Public Health (DPH) and the County and/or countersuits. The County bills DHSP for suits pertaining to HIV or STDs.
- The new estimate for these litigation costs is \$1.6 to \$1.8 million for the County FY of 7/1/2013-6/30/2014. The second recommendation, therefore, is to use the remaining \$584,000 in unencumbered NCC funds for those costs.
- Mr. Zaldivar asked about County practice in paying litigation costs. Mr. Pérez replied each department is responsible for costs related to it. Any lawsuit can generally be attributed to one of the 39 departments. Mr. Fox noted the County recently won a suit and was awarded litigation costs. He asked if such funds were reimbursed to the department, but Mr. Pérez replied he could not comment on any specific litigation.
- Mr. Land asked if the costs come from the \$17.9 million in NCC. Mr. Pérez said they did as grants cannot be billed. Mr. Land was concerned costs undercut efforts to achieve National HIV/AIDS Strategy (NHAS) goals to reduce HIV.
- Mr. Zaldivar agreed funds should go to services - not litigation - but this problem is not new. There should be outrage yet everyone is afraid to talk about it. Beyond the planned report on litigation, Public Policy should develop a policy to address the issue strategically and the Commission should forward it to the Board.
- As Commission members, we have a right and duty to protect the interests of those we represent. Funds for litigation should be questioned. If there is no harm or injury - only politics - the Commission and Board should act.
- Mr. Johnson was troubled this set a precedent of allocating dollars to legal costs that were designed to be used for services. He noted \$1.8 million at \$250 per hour equals approximately five attorneys full time for a year. He questioned why DHSP is charged with the full amount despite other defendants including the Supervisors. Mr. Pérez replied costs are allocated based on the proportion of root issues attributable to a department or division.
- Mr. Johnson was also troubled at the room in RW Parts A/B that led to shifting expenditures from NCC. Mr. Pérez noted if there are some \$70 million in contracts and providers spend \$68.5 that does result in underspending, but most of the 85 providers do spend their allocations. Delays are not uncommon in launching a new service though the long delay in negotiating one provider's contract for oral health expansion allocated to Part B was unexpected.
- Mr. Fox said it is important for the County to respond when sued, but acknowledged funding costs with NCC is an issue. He added the Auditor-Controller just issued a 2011-2013 report identifying a provider that billed incorrectly and owed the County \$3.5 million in RW funds for that period. A prior audit identified the same provider billed incorrectly for a total owed to the County of \$1.7 million. Altogether, legal and audit lost funds total \$7 million.
- Mr. Vincent-Jones said the litigation report will assist Commission members in understanding claims made in the lawsuits which pertain to how services are procured and transparency of that process. Claims were not uniformly supported in court. Regarding the Auditor-Controller report, he noted any recouped funds must be returned to the federal government because the window of time for allocating funds for the pertinent grant period has passed.
- Mr. Zaldivar noted individually any Commission member can contact his/her Supervisor. Collectively, the Commission should not stop with a letter, but will need to take an active role to ensure the Board responds.
- Ms. Cataldo asked if litigation continued. Mr. Pérez replied multiple lawsuits were in process so litigation costs will continue into FY 2014-2015. Litigation documents on file are available at www.lasuperiorcourt.gov. The [Los Angeles Times](#) has also covered litigation. Audit reports are available at <http://auditor.lacounty.gov>.
- Mr. Giugni requested an overview of NCC funds and their allocation. Mr. Pérez replied NCC (the County's General Fund allocation for HIV) is a RW Condition of Award (COA) initiated in 1990 when the County received its first RW

Part A (then Title I) grant. The County, like other recipients, was asked to estimate the amount already being spent on HIV. The County was then spending \$15.9 million. The COA requires the County to maintain at least that level of funding to receive the annual grant. Each year the Board and the Chief Executive Office re-authorize NCC.

- NCC may be used for a broad range of costs in any proportion so long as they contribute to the HIV response, e.g.,: care, treatment and prevention including services not typically grant eligible such as PEP/PrEP; supplemental funds for a service category; or costs of doing business, e.g., litigation. The COA requires full NCC expenditure each year.
- DHSP shares how all resources are spent to inform the Commission in its RW Part A/B allocations and CDC recommendations. Mr. Pérez has ultimate responsibility for allocating NCC.
- Mr. Land was frustrated that funds seem to shift from priorities. Assessments of the Administrative Mechanism have recommended revising County procurement, but it was not done and is beyond Commission control. Mr. Pérez replied DHSP would prefer to focus on other areas, but is constrained by realities, e.g., litigation takes staff from other work, e.g., developing RFPs. Courts have deadlines with documentation and preparation requirements.
- Dr. Jonathan Fielding, Director/Health Officer, DPH asked Mr. Pérez in July about public commitments by San Francisco, New York State and New York City to bring HIV to its knees in five years. He replied Los Angeles could not make that commitment in the current environment. DHSP has had to make horrible choices the last few years.
- Mr. Johnson reflected the views of many in stating he could not support Motion 4 as written. He offered an option to bifurcate the MCC and legal recommendations, but there was insufficient support for that option.
- He continued, while County policy may be to allocate legal costs where the bulk of an issue lies, if something in a department absorbs ever more resources then the Board must be advised to identify other funds in the County system. It is the Commission's charge to advise the Board on all things related to HIV including funds leached from needed services by litigation. He urged the Commission to advise the Board to identify other resources.
- Mr. Zaldivar said he was also frustrated that DHSP was not issuing more RFPs, but understood why. Everyone has understood why for the past two years, but Commission members have done nothing to address it. He expressed shame at the call to oppose Motion 4 after failing to address the underlying cause of the legal costs.
- Will legal costs continue? Yes, litigation and its costs can go on forever until the Commission stops it.
- He called for supporting Motion 4 and then coming forward as a united group with a bigger vision to bring down the infection rate and improve services for the community. The Board needs to hear from the Commission so the Supervisors can take the lead in addressing this issue. He urged Public Policy to include covering litigation costs as part of its policy and strategy so that DHSP is protected from the impact of continued lawsuits.
- Mr. Vincent-Jones noted the Commission does not control NCC, but can include future initiatives in the motion.
- Ms. Tula recognized the litigation situation faced by DHSP, but cannot support Motion 4. She felt not supporting the motion while advocating change sends a stronger message to the Board. The County is not the only jurisdiction facing this issue. The same organization filed suit recently in San Francisco and has brought suits nationwide.
- Mr. Smith said the Commission knew what was happening and has stood by while its partner, DHSP, has been pummeled. Now Commission members want to reject paying the bill. The Commission should support Motion 4 to pay the bill and then stand up to say, "No more!." That can start in Los Angeles and then move out to other places where the same thing is happening. One side has done all the talking while DHSP has fought by itself. That is not acceptable. It is time for the Commission to use its political advocacy to say, "Enough is enough."
- Mr. Chud noted Board meetings are open to the public. A unified group will be heard and on public record.
- Mr. Fox provided context with an excerpt from a procurement suit which nullified contracts that would have linked young African-American men in South Los Angeles to care. The plaintiff's attorney said, "They (the County) have presented evidence about the impact on these particular contracts (nullification). I guess my point is more that we're here to protect the law. And there is a bigger picture here. And, you know by, you know, there might be some impact on these contracts, but maybe you've got to cut up a couple trees to save the forest."
- Mr. Zaldivar stressed that bifurcating the motion and endorsing only the MCC funds undercuts advocacy efforts with the Board. Unity is essential for any campaign. No one wants funds to go for legal costs, but the Commission did nothing to avert the bill and now it must be paid to demonstrate unity with DHSP. Then we can move forward.
- Mr. Land supported the bifurcated version including both Motion 4-Amended and Motion 4A with its action plan.
- Dr. Younai expected the bifurcated motion would separate MCC funding from funding for legal costs. Instead, there is now no option for those like her who support funding both MCC and legal costs.
- Mr. Pérez said the language of the bifurcated motion is satisfactory. Motion 4-Amended endorses using NCC to pay MCC expenditures. Motion 4A does not preclude paying legal costs with NCC and addresses the underlying issue.

- Mr. Vincent-Jones reiterated the Commission has no authority over NCC funds. Motion 4A reflects its partnership with DHSP. For its part, DHSP was required by DPH to pay its bill, but was offering unprecedented transparency on its use of NCC funds. He wanted to ensure DHSP understood the Commission appreciated the transparency.
- Mr. Johnson said the bifurcated language attempted to capture all thoughts expressed and communicate that additional or previously unidentified funds should be allocated to DHSP to pay the heavy burden of these litigation costs. Language did not suggest the County should not vigorously defend itself or that legal costs should not be paid. The County should defend itself and pay its bills, but additional funds should be allocated for that purpose.
- ➡ Mr. Vincent-Jones noted the Commission had requested a written report on all litigation activity. It was drafted with DHSP's input, but held due to the rapidly evolving situation. County Counsel also must review it prior to release. The draft will be finalized, forwarded to County Counsel and should be available by the end of the month.
- ➡ The Public Policy Committee will review litigation including costs and funds identified in the two Auditor-Controller reports on billing to develop recommendations for the Board that reflect how the combined loss of \$7 million in available resources impacts provision of PEP/PrEP and achievement of NHAS goals.
- ➡ Mr. Vincent-Jones suggested, and it was agreed, to reverse endorsement of DHSP recommendations for allocations of NCC funds in Motion 4 such that MCC funding is listed first and legal costs second.
- ➡ Recess to formulate an alternative to Motion 4. It was subsequently bi-furcated to Motions 4-Amended and 4A.

MOTION 4: Endorse DHSP's recommendations to allocate a remaining \$1,139,250 in available Net County Cost (NCC) funds from FY 2013 (unobligated when the balance of the NCC allocation for Residential Services was paid by RW Part B expenditures) for approximately \$554,344 in additional Medical Care Coordination (MCC) costs (above the originally contracted \$9 million) and for approximately \$584,906 in additional legal costs (above the \$1 million already allocated for that purpose) **(Amended)**.

MOTION 4-AMENDED: Endorse DHSP's recommendation to allocate a remaining \$1.139 million in available Net County Cost (NCC) funds from FY 2013 (unobligated when the balance of the NCC allocation for Residential Services was paid by RW Part B expenditures) for approximately \$554,344 in additional Medical Care Coordination (MCC) costs (above the originally contracted \$9 million) **(Passed: 30 Ayes; 0 Opposed; 0 Abstentions)**.

MOTION 4A (Johnson/Land): To thank DHSP and acknowledge the transparency to identify the additional \$584,906 in NCC costs associated with ongoing litigation. We further acknowledge the ongoing drain on the Department and believe that the current County practice of allocating legal costs to the Department involved in litigation must have its limits. In the Commission on HIV's opinion, these limits have been far exceeded and continue to present a heavy burden on the ability of the Department to respond to the disease prevention and treatment of Los Angeles County residents. We refer a formal recommendation formulation process to the Public Policy Committee to work out and present for adoption and forward to the Board of Supervisors at the September meeting **(Passed: 27 Ayes; 1 Opposed; 2 Abstentions)**.

2) Final FY 2014 RW Allocations:

- Mr. Pérez reviewed recommendations for YR 24 RW Part A resources. Each year HRSA issues a Funding Opportunity Announcement. DHSP responds with an application. The federal government determines funding based on the jurisdiction's share of HIV burden compared to other jurisdictions (formula) and competitiveness of the application. County applications have been competitive over time and sometimes result in increased funding.
- The application for the term of 3/1/2014-2/28/2015 scored well and funding was increased by \$1.73 million. HRSA did not notify DHSP of the increase until May or June so a few months of investment time were lost.
- DHSP recommends taking the standard 10% for grant administration and 5% for quality assurance. Administration covers costs to meet HRSA management and COA requirements. Remaining funds for services are \$1.477 million.
- Benefits Support: DHSP recommends allocating \$671,215 to existing Benefits Support contracts. Demand was increasing to help patients maximize benefit options in a changing environment. The increase would build capacity.
- MCC: DHSP recommends investing \$669,626 to increase the approximately \$9 million current investment by some 7% for two augmentations now being processed. Augmentations reflect staff to serve estimated clients in each medical home as well as a home's percentages of high acuity, medium acuity, low acuity or self-managed clients.
- Nutrition Support: DHSP recommends investing 25% more in each of three contracts for a total \$147,904 to meet increased demand for food and services as well as increased food costs since contracts were initiated 11 years ago.
- Ms. Rotenberg asked why administration and quality assurance costs were not in Motion 5. Mr. Vincent-Jones replied the use was within grantee purview, Motions traditionally only reflect actual Commission allocations.
- Mr. Pérez also reviewed other services that PP&A and the Executive Committee identified as funding priorities.

- The need for Mental Health services to address PLWH mental health, behavioral and psychosocial issues continues with a particular need for psychiatrists and to a lesser extent psychotherapists. DHSP does not recommend increased funding as current contracts are not being maximized due to a lack of psychiatrists and psychotherapists.
- In addition, approximately a dozen RW Part C contractors are directly funded by HRSA. Part C can fund mental health and Mr. Vega-Matos confirmed more RW providers are using Part C grants for that purpose. ACA also covers mental health so many clients are shifting from RW to ACA services. These resources reduce Part A demand.
- DHSP continues work with providers to ramp up Oral Health services. Concurrently, the Commission and DHSP are reviewing eligible costs and a menu of services to leverage RW to fill service shortfalls in restored Denti-Cal. DHSP felt it premature to increase funding until all contracts are fully implemented and a Denti-Cal approach identified.
- Medical Specialty issues appear to be more of an artifact of utilization data. DHSP is working to better understand that data and should have results shortly. DHSP felt it premature to increase funding pending review results.
- Mr. Pérez strongly supports expansion of biomedical services for both nPEP and PrEP. DHSP now supports two nPEP sites, but more are needed. There are also seven PrEP study sites, but as studies complete enrollment the jurisdiction needs to address long term PrEP support. Effective support includes not just a prescription, but a robust work up with psychosocial screening, organ function testing, confirmation that the client is HIV- and a sexual health and activity screening. DHSP will present a comprehensive report on the service and costs shortly.
- Mr. Smith asked about a timeline. Mr. Pérez replied there was none as yet. It will be influenced by release of other RFPs including some nearing completion. DHSP is refining how best to support PrEP. It is expensive and people are increasingly accessing it via their health plans. DHSP supports such access especially if services are comprehensive. Public health plans such as Medicare and Medicaid should also support PrEP.
- DHSP is clarifying what a PrEP program should cover, e.g., clinician time, staff infrastructure, laboratory costs as well as how to identify and ensure compliance levels. DHSP believes clinics are the best environment to support nPEP/PrEP so is reviewing existing demands on providers to identify those most able to add it. DHSP is also evaluating costs paid by the program versus those paid by health plans. The goal is to release an RFP in early 2015.
- Mr. Smith urged, in view of strong results, PrEP should be pushed. A 2015 RFP delays it to 2016. That is too slow.
- Mr. Rivera said PEP/PrEP education funds are less restricted than service funds so education could be done quickly.
- Ms. Samone-Loreca asked how street sales of ARVs impact PrEP implementation. Mr. Pérez said sales, especially of federally funded medications, is a major problem. Selling federally funded ARVs is a federal crime and will be prosecuted. Pervasive sales could call ADAP integrity into question, give fodder to those who would reduce ADAP funding and result in compromising ARV access. He urged reporting such sales to the state fraud hotline or DHSP.
- On housing, DHSP considered absorbing some \$600,000 in HOPWA-funded costs to facilitate increased Section 8 vouchers and housing case managers. HOPWA has now received increased funds so absorbing costs is not prudent.
- DHSP proposes a broader YR 25 approach. HOPWA now annually supports approximately \$3.3 million for: food and nutrition, \$500,000; mental health, \$200,000; benefits, \$100,000, benefits; and emergency housing, \$2.5 million. Absorbing those costs in YR 25 would allow HOPWA to purchase more Section 8 vouchers and support more housing case managers. A fairly complicated contract procurement process would likely be needed.
- Ms. Flynn clarified emergency transitional housing is for treatment beds, primarily substance abuse, not general housing. Both RW and HOPWA support the service despite complications with competing regulations. Combined under RW, efficiencies would allow HOPWA to work with the Housing Authority of the City of Los Angeles (HACLA) to obtain more Section 8 vouchers. HOPWA now pays for the first year of housing and then transfers clients to Section 8 for permanent affordable housing. The program is unique nationwide and now supports 300 units.
- Ms. Samone-Loreca asked if beds were designated for the transgender or youth communities. Ms. Flynn replied some are designated for substance abuse clients and one agency has beds reserved for women. RFPs prohibit exclusionary practices, but beds are not designated for youth or transgender clients. HOPWA has done some work with the Los Angeles Homeless Services Authority which funds youth beds. Suggestions are always welcome.
- Mr. Vega-Matos noted the Commission, DHSP, the City of Los Angeles and a community partner jointly competed for a HUD grant to develop a planning and demonstration project to coordinate stakeholder activities on behalf of PLWH especially those with housing and support services needs. Synchronizing RW and HOPWA portfolios is an evolution of that process. The County received the highest grant score and largest grant.
- DHSP also funds providers for residential substance abuse treatment, but it is challenging to identify programs that can be tailored to LGBT needs. Historically, two partners offered such services, but one went out of business. Other network providers may work on accommodations, but not necessarily say they address transgender

population needs. DHSP hopes to address that in a proposal for behavioral health, but providers that address LGBT needs are few overall. County Substance Abuse Prevention and Control also has difficulty identifying such beds.

- The Commission also requested investment in a Third Party Administrator (TPA). DHSP is exploring options.
- As noted earlier, the County sunset its contract with a provider offering linkage to care for HIV+ young men of color so DHSP is working to solicit services to fill that gap. DHSP is also reviewing transgender wellness ideas and a new RFP that focuses on the prevention needs of African-American and Latino young MSM.

MOTION 5: Modify the Commission's original allocation of additional Ryan White Part A funds derived from an award increase of approximately \$1.7 million for FY 2014 to include Nutrition Support as a service category eligible for increased funding, and approve modifications to final FY 2014 baseline allocations that entail additional for Benefits Support (\$671,215), MCC (\$669,626), and Nutrition Support (\$147,904) (**Passed: 28 Ayes; 0 Opposed; 0 Abstentions**).

3) FY 2015 RW Part A Application Guidance: The Guidance was in the packet for review.

4) FY 2015 CDC Interim Progress Report: Instructions for the Interim Progress Report were in the packet for review.

B. HIV/STD Services: This item was postponed.

C. Research/Surveillance:

1) Medical Monitoring Project (MMP) and Related Research Activities: Dr. Wohl's report was postponed.

10. CALIFORNIA OFFICE OF AIDS (OA) REPORT:

A. California Planning Group (CPG): There was no report.

B. OA Work/Information:

➡ Request OA report at the 8/14/2014 Commission meeting on Blue Shield premium payment posting delays. Patients are leaving care because they cannot afford to compensate for payments that have not been posted.

➡ Mr. Vincent-Jones will confirm with OA that they are aware of the 8/14/2014 meeting.

1) ADAP Six-Month Recertification Process: There was no report.

2) Hepatitis C Medications on ADAP Formulary: Follow-up to Prior Meeting Request: There was no report.

11. AIDS EDUCATION/TRAINING CENTERS (AETCs):

A. PAETC Needs Assessment:

- Dr. Gates noted AETCs are the educational arm of RW. The next grant renewal will be competitive and requires several kinds of needs assessments (NAs). PAETC felt the Commission ideal for an NA and appreciated the opportunity.
- Mr. Donohoe said both Commission members and the public were invited to participate in the survey. PAETC will also be conducting key informant interviews. Other NAs have already been done including with DHSP HIV testing programs on the ACA. A facilitated town hall will be held in September for 35 STD program HIV specialists representing each SPA.
- PAETC's main focus is treatment and treatment as prevention, not prevention per se. As the Commission is a combined planning council, Messrs. Marcus and Stanley, APLA Shared Action, are representing CDC capacity building projects.
- Participants used clickers to answer survey questions and a paper survey allowed additional written comments.
- Participants chose assisting HIV clinics, agencies and systems with ACA implementation as the highest PAETC training priority over the next five years. The next highest choice was training providers and programs on PrEP at 21%. In a question on the second highest priority, ACA implementation and PrEP again ranked as the top two choices.
- Strong clinic relationships was chosen as the main reason patients remain in HIV clinical care. Mr. Donohoe noted that response is common across states. Mr. Vega-Matos felt people care less about a site than staff interactions including cultural issues such as comprehensive translation rather than only someone who can speak a language.
- Substance abuse and mental health issues were voted as the top two reasons people fall out of HIV care, but 31% felt the quality of care provided was the top reason. Comments qualified the latter choice as administrative incompetence, e.g., an inability to help a patient properly navigate insurance forms to obtain medications. Another comment noted care can also suffer due to discrimination such as that perceived by a client who is a transgender woman of color.
- Patients may also lose care if an agency cannot properly address a mental health issue and releases the person while good mental health care can help retain patients in care. Mr. Donohoe noted PAETC will engage in the survey process at the HIV Mental Health Task Force. He encouraged attendees to provide the Task Force with their input.
- Participants chose alcohol and methamphetamines as substances that most negatively impact HIV treatment. After those, they chose marijuana and prescription opioids. Mr. Fox questioned the inclusion of marijuana. He felt it was often unfairly stigmatized. Mr. Donohoe noted the PAETC worked with a Federally Qualified Health Center (FQHC) that

had problems with patients arriving high despite not being approved for medical marijuana. The FQHC's psychiatrist said all his patients used and had issues, e.g., psychosis and personality disorders. More research will be done.

- Mr. Donohoe then opened discussion on how PAETC can best help the Commission and DHSP over the next five years.
- Ms. Tula complemented APLA Shared Action inclusion, but urged broad RW and CDC training and TA coordination.
- Another suggestion was to improve provider awareness of and training on trauma. Substance abuse is often used to mitigate it. Mr. Donohoe noted Phil Meyer, LCSW, was addressing the issue at the Charles R. Drew University PAETC.
- Ms. Enfield noted there had been several recent PrEP forums, but the main focus was on MSM with little information for the transgender community. She urged a more robust and comprehensive focus on transgender health care overall. As noted earlier, an agency may be rated competent due to a few staff, but lack staff depth should those people leave.
- Regarding PrEP, it was suggested PAETC could train and educate PLWH consumers to inform HIV- peers, especially those under 30, about PrEP, i.e., how it works and stops infection. Mr. Donohoe noted the Los Angeles Times will be researching a major piece on PrEP in the County during the next three weeks. Attendees can discuss input with him.
- Dr. Gates asked whether attendees considered two areas warranted significant attention. The first area was addressing the incarcerated and recently released. The other was training new physicians and other professional staff to replace the aging HIV workforce. Attendees considered both areas significant. Mr. Vega-Matos added that prior to health care reform most HIV providers were in networks such as RW. There are more providers with ACA, but fewer specialists.
- Mr. Donohoe noted PAETC does provide asynchronos learning for continuing education credits online.

12. CO-CHAIRS' REPORT:

- A. Co-Chair Letter of Endorsement of FY 2014 RW Part A and MAI Allocations:** The letter is a HRSA Condition of Award.

MOTION 6: Concur with the proposed letter from the Commission Co-Chairs to the Health Resources and Services Administration (HRSA) endorsing the Grantee's allocation of funds consistent with the Planning Council's FY 2014 RW Part A and MAI allocations, as presented (*Passed by Consensus*).

- B. Comprehensive HIV Planning Task Force:** This item was postponed.

13. EXECUTIVE DIRECTOR'S REPORT:

- A. Plan of Action: Addressing Staffing Gaps and Improving Operational Efficiency:** This item was postponed.

14. CAUCUS REPORTS:

- A. Ad Hoc Youth Caucus:**

- Ms. Granados reported she and Messrs. Tran and Winder comprised the Ad Hoc Youth Caucus with Mr. Vincent-Jones' assistance. Per the Commission's charge, the group developed recommendations to invite and involve youth in Commission work and activities as described in the memorandum presented for approval in the packet.
- In summary, the Youth Caucus will serve as the organizing group for youth activities working directly with already existing youth leadership or community groups at HIV service organizations. The Caucus will relay information to youth groups on relevant issues at the Commission and in the County while returning feedback to the Commission.
- Caucus membership will be comprised of Commission members under 30, providers who work at a youth serving agency and who have direct contact with youth, and facilitators of youth leadership groups at HIV service agencies. Other experts on youth issues may be invited to consult with the Caucus on selected youth issues.
- The Caucus will meet monthly or at a frequency that suits ongoing communications with youth groups. The Commission should also observe National Youth HIV/AIDS Awareness Day during the April meeting.
- Ms. Samone-Loreca asked about a dedicated youth seat. Ms. Granados replied the Caucus is not recommending a set aside seat, but hopes to support growth so more youth will eventually apply.

MOTION 7: Adopt recommendations for establishing a youth voice, presence and representation in ongoing Commission affairs and business, and implement the proposal consistent with its structural and procedural recommendations, as presented by the Ad Hoc Youth Caucus (*Passed by Consensus*).

- B. Consumer Caucus:**

- Mr. Land reported the next Consumer Caucus meeting will follow the 8/14/2014 Commission meeting.
- ➡ The Comprehensive HIV Plan Work Group is now a Task Force and seeks new members. Mr. Goddard volunteered.

- C. Transgender Caucus:** Ms. Enfield reported the Caucus last met 7/21/2014 and continued conference planning. In particular, speakers are being identified who can present on significant transgender community research data.

D. **Latino Caucus:** There was no report.

15. STANDING COMMITTEE REPORTS:

A. **Planning, Priorities and Allocations (PP&A) Committee:** This item was postponed.

1) **FY 2015 Baseline Allocations:** This item was postponed.

MOTION 8: Adopt the final, modified Ryan White and CDC baseline allocations for FY 2014 as the initial baseline allocations for FY 2015, for use in the FY 2015 RW Part A application and the FY 2015 CDC Interim Progress Report *(Postponed)*.

2) **Unmet Need Technical Assistance (TA):** This item was postponed.

3) **FY 2015 Priority- and Allocation-Setting (P-and-A): 2015 P-and-A Pledge Form:** This item was postponed.

B. **Operations Committee:**

1) **Member Renewal/Nomination Plan 2014:** This item was postponed.

2) **Membership Nomination: Will Watts:** There was no additional discussion.

MOTION 9: Nominate Will Watts, JD to the Second District Board Office Representative seat and forward his nomination to the Board of Supervisors for appointment *(Passed as Part of the Consent Calendar)*.

3) **Leadership Development TA:** This item was postponed.

C. **Public Policy Committee:**

1) **2015 Policy Agenda:** This item was postponed.

MOTION 10: Extend and adopt the 2014 Policy Agenda as the 2015 Policy Agenda, as presented *(Postponed)*.

2) **Preparations for ACA Panels:** This item was postponed.

D. **Standards and Best Practices (SBP) Committee:** This item was postponed.

16. CITY/HEALTH DISTRICT REPORTS: This item was postponed.

17. SPA/DISTRICT REPORTS: This item was postponed.

18. TASK FORCE REPORTS: This item was postponed.

19. HOPWA REPORT: This item was postponed.

20. COMMISSION COMMENT: There were no comments.

21. ANNOUNCEMENTS: There were no announcements.

22. ADJOURNMENT: The meeting adjourned at 1:15 pm.

A. **Roll Call (Present):** Ballesteros, Cataldo, Donnelly, Enfield, Ferlito, Fox, Goddard, Granados, Green, Johnson, Kochems, Land, Lantis, Lopez, Martinez, Morales, Munoz, Pérez, Rios, Rivera/Escoto, Rosales, Samone-Loreca, Smith, Tula, Younai, Zaldivar

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MOTION AND VOTING SUMMARY		
MOTION 1: Adjust, as necessary, and approve the Agenda Order.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 2: Approve minutes from the 6/12/2014 Commission on HIV meetings, as presented.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 3: Approve the Consent Calendar with agenda Motions 4, 5, 6, 7, 8 and 10 removed.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 4: Endorse DHSP's recommendations to allocate a remaining \$1,139,250 in available Net County Cost (NCC) funds from FY 2013 (unobligated when the balance of the NCC allocation for Residential Services was paid by RW Part B expenditures) for approximately \$554,344 in additional Medical Care Coordination (MCC) costs (above the originally contracted \$9 million) and for approximately \$584,906 in additional legal costs (above the \$1 million already allocated for that purpose).	<i>Amended</i>	MOTION AMENDED
MOTION 4-AMENDED: Endorse DHSP's recommendation to allocate a remaining \$1.139 million in available Net County Cost (NCC) funds from FY 2013 (unobligated when the balance of the NCC allocation for Residential Services was paid by RW Part B expenditures) for approximately \$554,344 in additional Medical Care Coordination (MCC) costs (above the originally contracted \$9 million).	Ayes: Ballesteros, Cataldo, Donnelly, Enfield, Espinoza, Flynn, Fox, Giugni, Goddard, Granados, Green, Johnson, Kochems, Land, Liso, Lopez, Martinez, Morales, Munoz, Pérez, Rios, Rivera, Rosales, Rotenberg, Samone-Loreca, Smith, Tran, Tula, Younai, Zaldivar Opposed: None Abstentions: None	MOTION PASSED Ayes: 30 Opposed: 0 Abstentions: 0
MOTION 4A: To thank DHSP and acknowledge the transparency to identify the additional \$584,906 in NCC costs associated with ongoing litigation. We further acknowledge the ongoing drain on the Department and believe that the current County practice of allocating legal costs to the Department involved in litigation must have its limits. In the Commission on HIV's opinion, these limits have been far exceeded and continue to present a heavy burden on the ability of the Department to respond to the disease prevention and treatment of Los Angeles County residents. We refer a formal recommendation formulation process to the Public Policy Committee to work out and present for adoption and forward to the Board of Supervisors at the September meeting.	Ayes: Ballesteros, Cataldo, Donnelly, Enfield, Espinoza, Flynn, Fox, Goddard, Granados, Green, Johnson, Kochems, Land, Liso, Lopez, Martinez, Morales, Munoz, Rios, Rivera, Rosales, Rotenberg, Samone-Loreca, Smith, Tran, Tula, Zaldivar Opposed: Giugni Abstentions: Pérez, Younai	MOTION PASSED Ayes: 27 Opposed: 1 Abstentions: 2
MOTION 5: Modify the Commission's original allocation of additional Ryan White Part A funds derived from an award increase of approximately \$1.7 million for FY 2014 to include Nutrition Support as a service category eligible for increased funding, and approve modifications to final FY 2014 baseline allocations that entail additional for Benefits Support (\$671,215), MCC (\$669,626), and Nutrition Support (\$147,904).	Ayes: Ballesteros, Cataldo, Donnelly, Enfield, Flynn, Fox, Giugni, Goddard, Granados, Green, Johnson, Kochems, Land, Lantis, Lopez, Martinez, Morales, Munoz, Pérez, Rios, Rivera, Rosales, Samone-Loreca, Smith, Tran, Tula, Younai, Zaldivar Opposed: None Abstentions: None	MOTION PASSED Ayes: 28 Opposed: 0 Abstentions: 0
MOTION 6: Concur with the proposed letter from the Commission Co-Chairs to the Health Resources and	<i>Passed by Consensus</i>	MOTION PASSED

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MOTION AND VOTING SUMMARY		
Services Administration (HRSA) endorsing the Grantee's allocation of funds consistent with the Planning Council's FY 2014 RW Part A and MAI allocations, as presented.		
MOTION 7: Adopt recommendations for establishing a youth voice, presence and representation in ongoing Commission affairs and business, and implement the proposal consistent with its structural and procedural recommendations, as presented by the Ad Hoc Youth Caucus.	<i>Passed by Consensus</i>	MOTION PASSED
MOTION 8: Adopt the final, modified Ryan White and CDC baseline allocations for FY 2014 as the initial baseline allocations for FY 2015, for use in the FY 2015 RW Part A application and the FY 2015 CDC Interim Progress Report.	<i>Postponed</i>	MOTION POSTPONED
MOTION 9: Nominate Will Watts, JD to the Second District Board Office Representative seat and forward his nomination to the Board of Supervisors for appointment.	<i>Passed as Part of the Consent Calendar</i>	MOTION PASSED
MOTION 10: Extend and adopt the 2014 Policy Agenda as the 2015 Policy Agenda, as presented.	<i>Postponed</i>	MOTION POSTPONED